

CBM-1-B

UTILIZATION STATISTICS INSTRUCTIONS

OUTPATIENT VISITS

- 1- For the projected actual and budget fiscal years, provide outpatient visit totals for the five payor groups for acute care and the Distinct Part Unit(s)*.
- 2- Provide total acute care outpatient visits for the projected actual fiscal year (Line 7) and the budgeted fiscal year (Line 16).
- 3- Provide total outpatient visits for the projected actual fiscal year (Line 9) and the budgeted fiscal year (Line 18).

NOTE: Outpatient visits reported on Form CBM 1-B must have a corresponding outpatient revenue reported on Form CBM 2-A. Thus, the outpatient visits listed on Form CBM 1-B would exclude those patients admitted to the hospital.

Two outpatient visit examples are: (1) an emergency room patient who receives multiple ancillary services would be counted as one outpatient visit; (2) a recurring patient (i.e. series) should have a visit recorded for each day treatment is provided.

NOTE: Out-of-State Medicaid should be reported in the **Medicaid payor class** and **DOL Black Lung** should be **reported** in **Medicare** or the **Other Governmental payor** class as determined by the primary payor.

NOTE: Line 8 and Line 17 are for the hospital's Distinct Part Unit(s)*.

*The Authority no longer sets Distinct Part Unit rates. The data for the Distinct Part Units are **NOT** to be included with acute care data. The data for all of the hospital's Distinct Part Units should be combined and included under the category of "**Hospital Distinct Part Units**".